



# **DoD/VA Clinical Practice Guideline Post-Deployment Health (PDH) Evaluation and Management “Tool Kit”**

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# Background for Creating CPG “Tool Kits”

## Strategy for *supporting* changes in practice

- Tools can relieve barriers to change
- Periodic review of tools allow changes in system process
- Tools provide systematic method for measuring progress in improving processes and outcomes of care

## Centrally evaluate and produce resources (by MEDCOM/CHPPM) that can be replicated across all MTF's

- Prevents the need to ‘reinvent the wheel’ at each MTF
- Standardization is easier for patients and staff who move within the DoD (MTF's often treat triservice members)





# Practice Support Strategies

## Clinician Education

- Satellite Broadcast with CME training on the CPG and 'tools'
- Additional training as appropriate (e.g., Risk Communication for PDH)

## Patient Education

- Encourages patient's active role in care
- Improves patient satisfaction and compliance (dissatisfied patients tend to dis-enroll and be non-compliant with medical recommendations)

## Decision Supports

- Reminder systems (e.g. screening question on SF600)
- Form design (reminder system for busy providers who may infrequently see this type of patient)
- Design of work (e.g., personnel designated for specific jobs, change CHCS defaults, referral process, etc.)





# DoD/VA PDH CPG Tool Kit

- Three-ring Binder
  - Narrative CPG with Questionnaires (PHQ-Brief, SF-12, SF-36, etc.)
  - Sample/Description of each tool and support strategy
- Provider Reminder Cards
- Documentation Form (DD 2844)
- Clinic Stamps
- Reference Book(s)
- Web sites
- Patient Informational Brochures
- Patient Marketing tools





# DoD/VA PDH CPG Tool Kit

*Provider tools: Provider  
Reminder Cards*









# DoD/VA PDH CPG Tool Kit

## Provider Reminder Cards: Key Elements

### DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline PROVIDER REFERENCE CARD Key Elements

#### Identify if health concerns are related to deployment (first visit)

- ▶ Ask screening questions: *Deployment related? Yes/No/Maybe.*
- ▶ Evaluate patient and research exposures.
- ▶ Establish partnership with patient (risk communication).
- ▶ Document post-deployment concern in chart and code ADS.

#### Triage patients and seek to reach a working diagnosis (follow-up visit)

- ▶ Perform evaluation of history, ancillary tests, assessments, records.
- ▶ Identify the type of patient's problem:
  - Asymptomatic with concern (algorithm box 13).
  - Un-explained symptoms (algorithm box 19).
  - Established diagnosis for the concern (algorithm box 34).

#### Manage asymptomatic patients with health concerns

- ▶ Provide reassurance and education (risk communication).
- ▶ If concern persists, re-evaluate and consider consults.

#### Manage patients with unexplained symptoms

- ▶ Re-evaluate data; consult with colleagues.
- ▶ Reinforce patient-clinician relationship.
- ▶ Information about unexplained symptoms.
- ▶ If acute or progressive symptoms, do additional ancillary studies.
- ▶ Consider specialty consults.
- ▶ Follow-up with patient as indicated.
- ▶ Monitor changes in status.

#### Manage patients with established diagnosis

- ▶ Document diagnosis.
- ▶ Identify appropriate disease management guideline.
- ▶ Initiate appropriate treatment plan.
- ▶ Provide patient education.
- ▶ Collaborate with DHCC as indicated.
- ▶ Follow-up with patient per disease-specific guideline or as appropriate.





# DoD/VA PDH CPG Tool Kit

## Provider Reminder Cards: Information Card

### Deployment Health Concerns Information Card

#### **How to ask the question: "Is your problem today related to a deployment?"**

Focus only on the chief complaint rather than on whether a person has **any** deployment-related complaints unrelated to today's visit.

**Deployment is not necessary for a patient to have deployment-related health concerns.**

- For example, a spouse or child may have a concern related to the sponsor's recent deployment. Others may have questions about deployments.
- Ask this question whether the patient is active duty, retired, family member, veteran, deployed or non-deployed.

#### **How to respond to patient questions.**

**"What do you mean?" or "What do you mean, deployment-related?"** The goal is to record the patient's perception of deployment-relatedness rather than your own.

- To help the patient answer, you might ask if the patient or a loved one has been deployed. If so, is today's visit related to that deployment.
- You may also review an example or two of a deployment-related concern or condition (see below).
- Remember this is not an exhaustive list, but simply a few examples.

**"What is a deployment?"** Avoid reviewing any narrow definitions of deployment for the patient. Instead, offer two or three examples of deployments (see below). Then return to the main question: "Do you feel your health concern today is related to a deployment?"

**"I don't know if it is deployment-related."** Mark the "maybe" response. Consider reviewing an example of a deployment-related concern or condition (see below).

- When in doubt, always focus on the concern rather than the deployment.

#### **Examples of deployments include:**

- Military liaison and training support
- Peacekeeping
- Humanitarian assistance
- Joint or coalition force exercises
- Low-intensity conflict
- Combat/War

#### **Examples within the US include:**

- Fighting forest fires
- Providing disaster relief
- Maintaining civil order
- Drug interdiction
- Construction projects

#### **Examples of concerns or conditions that are deployment-related include:**

- A man twists his ankle on deployment and the injury lasts even after returning home.
- A woman comes to give blood, but wants to know if she can give blood after being deployed.
- Although not deployed, a man is concerned about the effects of a pre-deployment vaccine.
- Spouse complains of a rash after washing clothes worn by member while deployed.
- After eating food while deployed, a man gets food poisoning.
- While deployed, a woman suffers a toxic exposure and later gets sick from it.
- Spouse complains that her child is having nightmares since member returned from combat.



DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline—December 2001  
DoD/VA Websites—<http://www.pdh.health.mil>  
<http://www.cs.amedd.army.mil/qmo>  
<http://www.oqp.med.va.gov/cpg/cpg.asp>







# DoD/VA PDH CPG Tool Kit

## *Provider Reminder Cards: Proposed Metrics*

### **Proposed Post-Deployment Health Evaluation and Management Metrics**

Patient satisfaction with care received for post-deployment concerns.

Adequacy of information and resources for patient management with post-deployment concerns.

Percentage of personnel evaluated after post-deployment health assessment referral. (DD Form-2796)

Improvement in functional status within 6 months of an initial evaluation.





# DoD/VA PDH CPG Tool Kit

## Provider Reminder Cards: DHCC Consult Information

### DoD Deployment Health Clinical Center CONSULT INFORMATION

**Toll Free: 1 (866) 559-1627**

**Phone: (202) 782-6563**

**DSN: 662-6563**

**Fax: (202) 782-3539**

**Website: [www.PDHealth.mil](http://www.PDHealth.mil)**

**E-mail: [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)**

### ENVITE

#### *Caring for Patients with Post-Deployment Health Concerns*

**Empathy:** Listen actively. Confirm what you hear. Express concern. Convey genuine desire to assist.

**Non-confrontational:** Subordinate the need to be "right" to the obligation to relieve suffering. Never argue.

**Validate:** Validate the patient's decision to seek care.

**Inform:** Offer data followed by a short "sound bite" that addresses patient specific concerns.

**Take Action:** Describe options. Schedule a follow-up. Refer to [www.PDHealth.mil](http://www.PDHealth.mil). Consider consultation or second opinion.

**Enlist Cooperation:** Negotiate an action plan with the patient rather than imposing one on him or her.



DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline- December 2001  
DoD/VA Websites- <http://www.pdhealth.mil>  
<http://www.cseamedd.army.mil/gmo>  
<http://www.oqp.med.va.gov/cpg/cpg.asp>





# DoD/VA PDH CPG Tool Kit

## Provider Reminder Cards: ICD-9-CM Codes

### Post-Deployment Health Concerns ICD - 9 - CM Codes

AT EACH POST-DEPLOYMENT VISIT (Primary or Specialty Care) at least two ICD-9-CM codes must be assigned.

#### The Primary ICD-9-CM Code(s) for the...

Patient with **Asymptomatic Concern** is **V65.5**

Patient with a **Specific Diagnosis or Symptom(s)** that he/she believes is deployment related is that **diagnosis or symptom code**, e.g., sprained ankle, poison ivy, headaches, constipation, etc.

Patient with **Medically Unexplained Physical Symptoms** is **799.8** (used only after several visits and appropriate diagnostic evaluation reveals no specific diagnosis for a chronic condition)

**ALL Deployment Related Visits** should additionally have the following code listed: **V70.5\_\_6, Deployment Related Visit**.

Type of Patient	Example	Primary Code	Secondary Code
Asymptomatic Concerned, Deployment Related	35 y/o G <sub>4</sub> P <sub>0030</sub> wife of active duty armored soldier requests information about exposure to depleted uranium. She has no symptoms that concern her, but she has read about depleted uranium in a magazine and asked questions at last week's visit for pregnancy. The reason she is seeking care now is that she was instructed then to make a follow-up visit to give her PCM time to research the issue.	V65.5	V70.5__6
Symptoms, Deployment Related	Mother of a 13 y/o girl brings child in for significant weight loss since the winter school holiday. Upon questioning, it is noted that the child's father was deployed to Bosnia, returning a month ago. The child's mother notes this concern may be related to the father being away.	783.2 (abnormal loss of weight)	V70.5__6
Diagnosis, Deployment Related	23 y/o Marine reported to sick call for a poison ivy rash that developed after the last FTX to the field a few days ago.	692.6 (contact dermatitis due to plants)	V70.5__6
Medically Unexplained Physical Symptoms, Deployment Related	49 y/o retired E-8 has been evaluated by you over the last 3 months (5 visits) for intermittent joint pain, intermittent vertigo and severe fatigue. Patient states that he thinks he was exposed to something in Kuwait on a mission 2 years ago. Your work-up to date is complete but negative.	799.8 (other ill-defined conditions and unknown causes of morbidity)	V70.5__6





# DoD/VA PDH CPG Tool Kit

## Provider tools:

MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT										DATE (YYYYMMDD)	
(For use with Clinical Practice Guidelines on Post-Deployment Health Evaluation and Management)											
SECTION I - PATIENT VITAL SIGNS (Completed by Health Care Personnel)											
1. BP	2. PULSE	3. RESP	4. TEMP	5. HEIGHT	6. WEIGHT	7. BMI					
8. AGE	9. GENDER (X)	10 a. Do you use tobacco?		YES	NO	11. ALLERGIES					
	MALE	b. Do you want to quit?		YES	NO						
	FEMALE	c. Tobacco cessation materials (used)		YES	NO						
12. SPECIAL WORK STATUS (X)		PRP?		YES	NO	13. DUTY TITLE IN CURRENT ASSIGNMENT					
FLY		DIVE		JUMP		OTHER					
SECTION II - PATIENT DEMOGRAPHICS (Completed by Patient)											
14. CIRCLE AS APPROPRIATE AND MARK EACH ITEM "YES" OR "NO":											
ARE YOU PRESENTLY BOTHERED BY:				YES	NO	ARE YOU PRESENTLY BOTHERED BY:				YES	NO
a. Shortness of breath, wheezing or problems with wheezing						n. Recent unexplained gain or loss of weight					
b. Chronic cough or cough at night						o. Tumor, growth, cyst, or cancer					
c. Fats/sweat/sweats						p. Dizziness or fainting spells					
d. Chronic or frequent colds						q. Frequent or severe headaches					
e. Eye, nose, or throat trouble						r. A head injury, memory loss or amnesia					
f. Pain (a) joints, tendons, or ligaments (e.g. pain, dislocation, etc.)						s. Weakness or fatigue					
g. Recurrent neck or back pain or any back problems						t. A period of unconsciousness or concussion					
h. Numbness or tingling						u. Palpitation, pounding heart or abnormal heartbeat					
i. Impaired use of arms, legs, hands, or feet						v. Heart trouble or murmur					
j. Bone, joint, or other deformity						w. Nervous trouble or any sort (anxiety or panic attack)					
k. Frequent indigestion or heartburn						x. Frequent trouble sleeping					
l. Skin diseases (e.g. eczema, psoriasis, etc.)						y. Anxiety, depression or excessive worry, nightmares					
m. Persistent diarrhea or constipation						z. (Female) A change in menstrual pattern or pelvic pain					X
15. DEPLOYMENT HISTORY (See DD Form 2766)											
a. OPERATION		b. COUNTRY		c. DATES DEPLOYED (YYYYMM)		d. DUTY ASSIGNMENT		e. UNIT NAME			
				FROM TO							
16. DEPLOYMENT CONCERNS											
17. MEDICATIONS/IMMUNIZATIONS FOR THIS DEPLOYMENT											
<input type="checkbox"/> MALARIA CHEMOPROPHYLAXIS <input type="checkbox"/> MENINGOCOCCAL MENINGITIS <input type="checkbox"/> OTHER (Specify)											
18. PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; grade; unit; sponsor SSN; date; hospital or medical facility)											
19. PRIVACY ACT STATEMENT AND SIGNATURES											
AUTHORITY: Section 10741 3013, 3013, 3013 Title 10, U.S. Code and E.O. 9397. PRINCIPAL PURPOSES: To access your state of health while deployment in to any deployment related concern and to assist military health care providers in identifying and providing present and future medical care to you. ROUTINE USES: To allow Federal and State agencies and civilian health care providers, as necessary, to make the possible response to medical care and treatment. DISCLOSURE: Voluntary. If not provided, health care will be limited, but comprehensive care may not be possible.											
a. PATIENT'S SIGNATURE											
b. PROVIDER'S SIGNATURE											







# DoD/VA PDH CPG Tool Kit

*Provider tools:*  
*Website*

The screenshot shows the PDHealth.mil website. The background is a map of the world. On the left, there is a large Department of Defense seal. Below it is a search box with a "Search" button and a "Search Tips" link. The main content area has the title "DoD Post-Deployment Health" and a grid of eight blue buttons: "For Clinicians", "For Veterans &amp; Families", "About this Site", "Education &amp; Training", "Related Sites/Links", "Glossary &amp; Acronyms", "Guidelines", and "Guideline Broadcast". Below the buttons is a "Welcome" message: "Welcome to Department of Defense Post-Deployment Health. Place your cursor over a button for more information on that section." At the bottom, there is a footer with links: "Contact DHCC | Privacy &amp; Security | Site Map | Help&amp;FAQs | Disclaimer".







# DoD/VA PDH CPG Tool Kit

## *Provider tools: Miscellaneous*

- Clinical Risk Communication training on PDHealth website (Health-E VOICE)
- Reference Book: Chronic Illness and Uncertainty
- Peer Review Audit form





# DoD/VA PDH CPG Tool Kit

## Patient Tools: Brochures



*As a patient, you have a right and responsibility to be a partner in your care. Good partnerships start with good communication.*

When you need to see your health care provider—

- Make an appointment as soon as possible. Some clinics have a walk-in option for urgent problems.
- State the reasons for your visit and if you need more time than usual to discuss a problem.
- Say if you expect the doctor to see more than one family member to schedule appointments back to back.

If you think you are deployed, an please contact your Clinical Center to assist you

You can also visit <http://www.va.gov>

Other information is available from the U.S. Department of Veterans Affairs

U.S. Department of Veterans Affairs  
<http://www.va.gov>

American Academy of Family Physicians  
<http://www.aafp.org>

National Skin Disease Society  
<http://www.ndsociety.org>

National Institute of Heart, Lung, and Blood  
<http://www.nhlbi.nih.gov>

General Deployment Health Services  
<http://www.gdhs.mil>

### Medically Unexplained Physical Symptoms

If you are reading this, it's because a doctor has told you cannot explain one or more of your symptoms. *Don't despair!*

It's difficult to have an undiagnosed problem. It's troubling not to know what's wrong with you.

- It's frustrating not to have a "take" to get better.
- It's embarrassing that other people see what's wrong with you.
- It can make you angry that you seem to treat you like you are making your symptoms up.

This pamphlet is designed to help you understand these and other issues.

It will probably surprise you to learn that having medically unexplained symptoms is not that uncommon. Doctors show that doctors can find no cause for about one-third of the symptoms. Most patients don't because they seek medical help when they are acutely sick (like with infection). These are the kind of illnesses that are best at treating.

You may also be reading this because you have been sick for quite awhile to a number of doctors, and your family may be scared or frustrated. The doctors don't seem to know what's wrong with you. In many ways, this is like bad news. However, doctors are good at detecting life-threatening problems and those with a rapid downhill

Headaches
Fatigue
Memory Loss
Unexpected Weight Changes
Insomnia
Joint Pain
Skin Rash

### What is a skin rash?

A skin rash is a visible change in the color and texture of the skin. The location, appearance, pattern and color of the rash is important. How it began, and associated symptoms such as itching or fever, will help your health care provider determine the cause and treatment.

### What causes a skin rash?

This is a hard question to answer because there can be many causes of skin rashes. Common causes of rashes include allergic reactions to a number of factors ranging from metals, insects, chemicals, plants, medications. Rashes from infections such as measles and chickenpox are associated with a fever. Others may result from overexposure to the sun, itching skin, wet skin, hands, arms, feet or legs. A change in the color of the skin as compared to the rest of the body means inflammation.

### Call your doctor if you have:

- A fever
- A change in the shape of your stool, gray or green in appearance.
- Persistent diarrhea mixed with blood or mucus.
- Sudden onset of abdominal pain associated with fever and vomiting.

### Digestive Problems

What are digestive problems? Digestive problems are associated with abdominal cramping, diarrhea and constipation. This is sometimes referred to as "stomach problems" and is a common medical problem, which is not completely understood. We do know that the intestines and stomach may have abnormal muscle spasms (sometimes cause food to move too quickly or too slowly through the intestines). You may have painful cramping in the abdomen, be constipated or have gas, indigestion or experience a bloated feeling. Stress and depression may aggravate this condition.

### When to seek medical help:

- Blood in your stool or in the toilet after you have a bowel movement.
- A change in the shape of your stool, gray or green in appearance.
- Persistent diarrhea mixed with blood or mucus.
- Sudden onset of abdominal pain associated with fever and vomiting.





# DoD/VA PDH CPG Tool Kit

## *Patient Tools: Brochures*

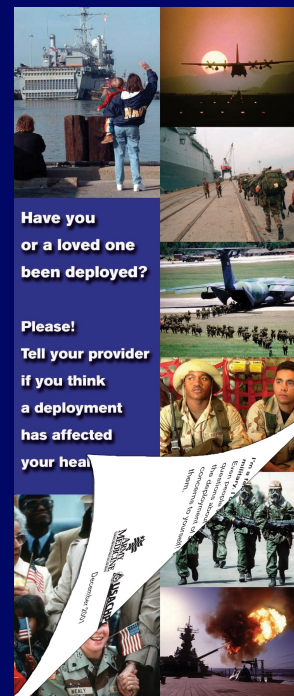


**Have you  
or a loved one  
been deployed?**

**Please!  
Tell your provider  
if you think  
a deployment  
has affected  
your health.**



**Please take one.**



**Have you  
or a loved one  
been deployed?**

**Please!  
Tell your provider  
if you think  
a deployment  
has affected  
your health.**







# DoD/VA PDH CPG Tool Kit

## *Patient Tool: Website*

PDHealth.mil Index

 **PDHealth.mil**  
**DoD Post-Deployment Health**

Site Survey | Contact DHCC | Site Map | Help & FAQs | Home

**Join Our Mailing List**

**For Clinicians**

**For Veterans & Families**

**About This Site**

**Education & Training**

**Glossary & Acronyms**

**Related Sites/Links**

### For Veterans & Families



Our goal is to ensure that veterans get the highest quality attention and care possible in return for the sacrifices they have made in the national interest. Even though we are targeting clinicians first, the Web site is completely open for veterans and loved ones to browse and learn what they can about the health impacts of various deployments.

If you have any comments or suggestions about the site, please pass them along. Your ideas are critically important to us. In the end, we will judge our success by the opinions of veterans and their loved ones — so please take the time to [tell us](#) how we are doing.

To provide post deployment care to our veterans, the Department of Defense for Health Affairs directed the establishment of the Deployment Health Clinical Center, a Joint-Service facility. Please visit our web site at [www.wramc.amedd.army.mil/departments/dhcc](http://www.wramc.amedd.army.mil/departments/dhcc) for more information of interest to veterans and their families.

**Thank you for your service and sacrifices on behalf of this grateful nation!**





# DoD/VA PDH CPG Tool Kit

## Patient Marketing Tool: Wallet Card



### DoD Deployment Health Card

#### *Is your condition due to deployment?*

You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran.

We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar concerns.

Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit.

### Steps to Getting Deployment Related Help

- STEP 1** Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.



#### Primary Care

- STEP 2** If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance.



#### Referral

- STEP 3** If symptoms persist or your health does not improve, referral to another specialist may be necessary.







# *Patient Marketing Tool: Poster*

**Have you  
or a loved one  
been deployed?**

**Please!  
Tell your provider  
if you think  
a deployment  
has affected  
your health.**





# DoD/VA PDH CPG Tool Kit

## *Ancillary and System Tools*

- Technician/Screeners Information Card
- Clinic Stamp
- Instructions for placing question onto modifiable CHCS SF600
- Instructions for developing a KG-ADS selection list for Deployment Health
- Peer Review Audit Form





# DoD/VA PDH CPG Tool Kit

## Downloadable from Web:

- The narrative CPG
- All questionnaires (PHQ, PHQ-Brief, SF-12, SF-36, PTSD checklist, Sleep Disorder)
- All provider and patient tools

**[www.cs.amedd.army.mil/qmo](http://www.cs.amedd.army.mil/qmo)**

**[www.PDHealth.mil](http://www.PDHealth.mil)**





# **DOD/VA Clinical Practice Guidelines: *Tools for Improving the Quality of Care***

## ***Questions?***

